MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE
10592909. \$7 JUN 2008
APPLICANT(S)

CLAIMS	CL	ιA	\mathbf{I}	И	S

		TILED		ENDMENT	2 ™AME	TER I
_	IND.	DEP.	IND.	DEP.	IND.	DEP.
	./					
	<u> </u>		<u> </u>			
		(1)				
				/_		
		122				
_		(12		/		
-		1/2	<u> </u>			
_	· .	(1)		/		
_			<u> </u>			
_	<u> </u>	(4)		/		
		(7)		I		
		9	<u> </u>			
			·			
	_					
			·			
		···				
						
·				,		[
	\dashv			<u> </u>		
	\dashv					
	-+					
	\dashv			 -		
		-:		 -}	+	
-						
	- 				 -	
_	\dashv			 }-		
_	_				·	——
	\dashv					
_	十					
_						
	十		 			
/		₩	/	₩.	·	₩ [
0		← .[10	(-		-
~ /	4		//		Ž.	
		建筑建筑	· / 18		19	
	#					